







# APPLICATION FORM 2024-2025

ELEMENTARY SCHOOL (KG-GRADE 5)

**If you are a foreign family:**

\*How long have you been in Mongolia? \_\_\_\_\_ Years and/or \_\_\_\_\_ Months

\*How long do you plan to live in Ulaanbaatar? \_\_\_\_\_ Years and/or \_\_\_\_\_ Months

(Please check all that apply):



# APPLICATION FORM 2024-2025

## ELEMENTARY SCHOOL (KG-GRADE 5)

### MEDICAL FORM

Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_

Please check any of the following conditions which currently affect your child:

Diabetes	Liver / Spleen	Kidney/Bladder	Orthopedic/Bone
Vision problem	Heart problem	Eye glasses	Depression/ Stress
Hearing problems	Blood disorder	Seizures	
Asthma	Severe	Mild	Caused by

\*Allergies to: \_\_\_\_\_

Any medication

Please check if your child has had any of the following diseases:

Chicken Pox	Hepatitis	Polio	Tonsillitis
Diphtheria	Malaria	Tuberculosis	Rheumatic Fever
Scarlet Fever	Typhoid Fever	German measles	Mumps
Smallpox	Whooping Cough	Covid	Other

I have given the copy of the immunization record of my child with this application form.

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#### School Use Only

Accepted enrolment

Denied enrolment

After test, Contacted: